को चलाने के लिए जरूरी है कि जो समाज के गरीब वर्ग हैं उनको भी देना चाहिए। सरकार की भी पालिसी है और दूसरे लोग भी कहते हैं तो क्यों नहीं इसको जल्दी करें। समाज में जो डिसेंशन पैदा कर रहे हैं उसको भी हम लोग शांत कर लेंगे और इनका भी हम लोग संविधान सम्मत बना देंगे। इसलिए मैं जानना चाहूंगा कि सरकार इस दिशा में क्या कार्यवाही कर रही है? चूंकि प्रधान मंत्री खुद यहां मौजूद हैं उनको तो बता ही देना चाहिए कि जो विलो पावर्टी लाइन के लोग हैं या इकनामिक आधार पर हैं उन सबको मिला करके हम एक दिशा क्यों नहीं दें जिससे नेशनल इंटेग्रेशन का भी बढ़ावा हो। हम यहीं चाहेंगे कि प्रधान मंत्री जी इस पर स्पष्टीकरण करें।

THE PRIME MINISTER (SHRI P.V. NARASIMHA RAO): We can consider all this. But nothing definite can be said at the moment in regard to the authoritative pronouncement of the highest court in the land.

HIV infection in North Eastern region

*704. SHRI TRILOKI NATH CHATURVEDI:
DR. MURLI MANOHAR JOSHI: f

Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn 'to the news-item captioned "The AIDS bomb is ticking away in North-East" published in the "Times of India" of 21st April, 1995 and if so, whether Government have made any appraisal of the drug abuse and HIV infection among the population of each State in the-North Eastern region and if so, what are the details thereof; and

(b) what steps have been taken or are proposed to be taken to combat the menace and details of financial allocations made for the specific purpose in 1994-95 and 1995-96?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir. HIV infection has been observed among Intravenous Drug Users. Some spread of infection among antenatal mothers has also been noticed.

(b) Financial Assistance is provided to the North-Eastern States for control of HIV/AIDS. The main components of the Programme are:

(i) Awareness generation for behavioural change;

(ii) Control of Sexually Transmitted Diseases;

(iii) Blood Safety;

(iv) Surveillance; and

(v) Clinical Mangement of HIV/AIDS cases.

Assistance is also given to the State Governments and Voluntary Agencies for Drug De-addiction Centres.

A total assistance of Rs. 282.08 lakhs was released to the 7 States in the North-Eastern Region during 1994-95 for control of HIV/AIDS. An amount of Rs. 527.34 lakhs has been tentatively allocated for these 7 States during 1994-95 for the control of HIV/AIDS.

डा० मुरली मनोहर जोशीः महोदया, मैंने जो प्रश्न किया था "क" भाग में टाइम्स आफ् इंडिया की 21 अप्रैल, 1995 की एक रिपोर्ट का हवाला दिया था, उसका बहुत थोड़ा सा उल्लेख मंत्री महोदय ने किया है। वह रिपोर्टर इस एड्स की बीमारी की बड़ी भयानक स्थिति का चित्रण करती है नार्थ-ईस्ट में आपने उसके बारे में कोई उल्लेख नहीं किया। आसाम में सैक्योरिटी फोर्सेस के अंदर भी एड्स पाई गई है। गोहाटी में, दीमापुर में और इम्फाल में 10 परसेंट जनसंख्या ऐसी है जो ड्रग एब्यूज के लिए ज्यादा एडिक्ट हो गई है और सिरंज एक्सचेंज करने से एच.आई.वी. इन्फैक्शन फैलाने के लिए बहुत ज्यादा कारगर साबित हो रही है। आपको शायद मालूम होना चाहिए था, मुझे पता नहीं आपने उसका उल्लेख क्यों नहीं किया कितनी मौतें इस एच.आई.वी. इन्फैक्शन के कारण और फुल ब्लोन एड्स की बीमारी के कारण नॉर्थ-ईस्ट के अंदर हुई है, आसाम में कितनी हुई है, मेघालय में कितनी हुई है, इम्फाल में कितनी हुई है, इसके बारे में आपने कोई उल्लेख नहीं किया है? मैं आपसे यह जानना चाहूंगा कि क्या सरकार

†The question was actually asked on the floor of the House by Dr. Murli Manohar Joshi.

को यह मालूम है कि हिन्दुस्तान में आज दो मिलियन लोग इस एच.आई.वी. इन्फैक्शन से पीड़ित हैं और जिसके सन् 2000 के आखिर तक 5 मिलियन तक हो जाने की संभावना है और ऐसी स्थिति में आप इस तमाम एड्स को रोकने के लिए क्या उपाय अपना रहे हैं, कौन से आपने प्रोग्राम्ज को लांच किया है? और क्या यह सच है कि आपके एनुअल प्लान के अन्दर यह लिखा गया है उसके पृष्ठ 525 पर कि यह जो भी कुछ आपने प्रोग्राम्ज किए हैं ये अभी बहुत ही नाकाफी हैं, क्योंकि वह यह कहते हैं,

> "Looking at the expenditure inclined for the programme during the first two years of the Eighth Plan, progress is not at all satisfactory."

तो मैं यह जानना चाहूंगा कि आप सारे नॉर्थ-ईस्ट का आपने कोई ऐसा सर्वेक्षण कराया है और ड्रग एब्यूज रोकने के लिए आपने कोई कदम वहां उठाया है, क्योंकि जो आपने इसके प्वायंट् दिए हैं उसमें भी ड्रग एडिक्शन और ड्रग एब्यूज के कंट्रोल के लिए आपने कोई उल्लेख नहीं किया, तो मैं यह जानना चाहूंगा कि इस ड्रग एडिक्शन के बारे में सरकार की क्या जानकारी है, देश भर में इसकी क्या स्थिति है, नॉर्थ-ईस्ट में क्या स्थिति है, सैक्योरिटी फोर्सेस में आज कितनी ड्रग एडिक्शन है और उसके कारण से वहां यह एड्स का कितना प्रकोप है?

उपसभापति: जोशी जी, पहले इतना तो जवाब आ जाए। बहुत ज्यादा हो गया है।

DR. C. SILVERA: Madam, AIDS is a very serious subject. The Government is taking a very serious note of the whole thing The Central Government is running a Centrally-sponsored project in all the States, including the North Eastern States. This is for the information of the hon. Member. The number of HIV positive cases reported from the seven States of the North-Eastem Region is 3,354. If you want the State-wise break-up I can give it to you. But this is the total figure. There are 83 full-blown AIDS cases reported from the North-Eastem States. As I have said in my reply, the Government has taken various steps so as to prevent and check the spread of AIDS. AIDS is a disease which takes almost eight to fifteen years to reveal itself. So, there are a number of HIV positive cases which are not detected. But that does not minimise the seriousness. The fact that the HIV positive cases are present in the North-Eastern States and also in other States is a serious matter and the Government is taking note of this.

उपसभापति: आपने पहली ही इतना लंबा सवाल कर दिया, तो अब दूसरे सदस्य से पुछवा लें? श्री खेल भी पूछना चाहते हैं।

डा॰ मुरली मनोहर जोशी: मैडम, यह तो प्रश्न की अभी शुरूवात है और बहुत सी बातों का तो जवाब ही इन्होंने नहीं दिया है और यह बहुत ही महत्वपूर्ण सवाल है जैसा कि मंत्री महोदय ने स्वयं स्वीकार किया है कि "एड्स" का यह प्रकरण बहुत महत्वपूर्ण है और सरकार इस पर गंभीरता से ध्यान दे रही है, लेकिन जैसी स्थिति है और आप जो जानकारियां दे रहे हैं, उससे आपकी बात बहुत मेल नहीं खाती। अकेले मणिपुर में 3431 केसेस एच॰आई॰वी॰ पोजिटिव के हैं जबकि बाकी सारे 7 सिस्टर स्टेट्स में आसाम को मिलाकर तीन हजार चार सौ कुछ आप बता रहे हैं। महोदया, अकेले मणिपुर में 77 लोग इस बीमारी से सफर कर रहे हैं और वहां 11 मृत्युएं हुई हैं। मेघालय में भी इसी तरह से समाचार मिले हैं। मैडम, हालात वहां ऐसे हैं कि मणिपुर में पेरेंट्स अपने बच्चों के खिलाफ एफ॰आई॰आर॰ दर्ज कराते हैं ताकि वह बंद हो जाएं और ड्रग एब्यूज से रुक सकें। इस संबंध में जबर्दस्त रिपोर्ट दी गयी है और हमारे डायरेक्टर जनरल ऑफ ब्यूरो ऑफ पुलिस रिसर्च ने कहा कि सबसे तकलीफ की बात यह है कि बच्चों के मां-बाप खुद बच्चों के खिलाफ रिपोर्ट लिखवाते हैं ताकि वे वहां ड्रग एब्यूज से बचे रहें। मैडम, दिल्ली में ऐसी तमाम दवाईयां हैं---टी॰डी॰जेसेस और नोरेसन, जोकि खुले आम बिकती हैं और वे स्मैक का सब्सटीट्यूट हैं। तो आप क्या कर रहे हैं इन सारी चीजों को रोकने के लिए, सिरिंज शेयरिंग को रोकने के लिए क्योंकि एड्स का बहुत बड़ा फैलाव सिरिंज शेयरिंग और ड्रग एब्यूज की वजह से होता है? मैंने आपसे कहा था कि आपने जो कम्पोनेंट्स दिखाए हैं—1,2,3,4,5 उसमें सिरिंज शेयरिंग को रोकने या ड्रग एब्यूज को रोकने के लिए आपने कोई इंतजाम नहीं किया है। आप देश की बड़ी सेवा करेंगे अगर ड्रग एब्यूज से इसे बचा पाएं और सिरिंज शेयरिंग के रोग से मुक्ति दिला पाएं। फिर एड्स अपने आप नियंत्रित हो जाएगा। मैं जानना चाहूंगा कि क्या यह सच है कि मणिपुर में मां-बाप के द्वारा इस तरह की रिपोर्ट्स लिखायी जा रही हैं बच्चों के खिलाफ और क्या यह सच

है कि दिल्ली और दूसरे बड़े शहरों में "स्मैक्स" के सम्प्टीट्यूट्स खुले तौर पर बिना प्रिस्क्रिपशन मिलते हैं? सिरिंज शेयरिंग को रोकने के लिए आपने अभी तक कोई इंतजाम नहीं किया है? अगर आप ऐसा करेंगे तो कब तक कर पाएंगे और एड्स के पूरे तौर पर उन्मूलन या रोकथाम को सरकार कितने समय तक पूरा कर सकेगी? इस संबंध में मैं आपसे जानना चाहूंगा।

DR. C. SILVERA: According to the official report received by the Ministry, the number of HIV positive cases reported in Manipur is 3,148 and the number of AIDS cases is 77. What the hon. Member has stated is correct. The Government is working on it. The Welfare Ministry is helping the NGOs. The Government and the NGOs are working together. The Welfare Ministry is supporting 41 NGOs which are running 51 De-addiction-cum-Rehabilitation Centres. The only thing we can do is to prevent it as there is no cure and there is no vaccine.

There is no vaccine. People have to be made aware of the seriousness of the problem. For this, information, education and communication are the only means at the moment. The Government is taking all precautions to prevent its spread by way of blood safety, by providing condoms and by strengthening the sexually-transmitted diseases clinics. All sports of steps have been taken by the Government in order to minimise the problem. But it is very difficult to say by when this could be stopped because, as I said earlier, the incubation period of this disease is very long. It goes even up to IS years during which a person who is a HIV positive would be just like any one of us. So, it is very difficult to say. It is also very difficult to know who the HIV positive ■ patients are because, as we know, once they are known they are socially outcast immediately. We hope and pray that one day, a cure will be found so that these HIV positive people who are not exposed, who are not identified by the public, may become normal human beings. We are just waiting for that.

THE DEPUTY CHAIRMAN: Mr. C. G. Swell.

DR. MURLI MANOHAR JOSHI: Madam, I have a small point. ...*(Interruptions)*....*This* is a very important point about blood banks .... *(Interruptions)*....

THE DEPUTY CHAIRMAN: Let Mr. Swell speak. He comes from that area.....*(Interruptions)*.....

DR. MURLI MANOHAR JOSHI: This is a very important point about HIV blood. What have you done to control the spread of HIV positive blood? How are you controlling the blood banks?

THE DEPUTY CHAIRMAN: Let Mr. Swell speak.

SHRI G. G. SWELL: Madam, in fact, it is well-known that HIV and AIDS are interconnected with drug abuse. I would like to know whether it is a fact that the notorious drug war-lord of the Golden Triangle, Kunza, with ten thousand well-armed army fighting stiff battles with the Myanmar and Thai armies, has shifted his portable heroin manufacturing units to the Northern Burma on the boundary with India as a result of which there has been an increased inflow of drugs into the North-East. In particular, I would like to know whether daily Rs. 10 crores' worth of border trade is taking place through Moren in Manipur. Rupees ten crores' worth of flow of trade every day! What is the amount? Have you made any assessment as to how much of this is in terms of drugs?

DR. C. SILVERA: Madam, the question is about HIV cases in the North-East areas. The question asked by the Hon. Member is not quite concerned with the HIV cases in the North-East areas because he is .....*(Interruptions)*...

SHRI G. G. SWELL: Madam, he says that my question is not related to the main question. You decide, not he.

THE DEPUTY CHAIRMAN: many questions can be related.

DR. C. SILVERA: The Government of India does not allow any' drug ...*(Interruptions)*....

SHRI G. G. SWELL: There has been an increasing inflow .of drugs into the North-East as a result of the changes in Northern Burma and the Golden Triangle.. ..*(Interruptions)*.....

THE DEPUTY CHAIRMAN: I heard your question that smomebody, someone whom you allege to have come as a smuggler, has crossed the border. I know they are manufacturing some drugs and according to you, they are psychotrophic drugs, within the Indian border. But Dr. Silvera is the Health Minister. That is not his job. But he definitely will convey it to his colleague under whom it comes. It is the State Government because the issue of law and order or finding out what kind of smuggling is going on or whether there are any industries which are being run illeglly is not within his jurisdiction. They might be psychotrophic drugs, but I cannot ask the Health Minister to take care of that factory. He is also from the North-East, like you. I can ask you also to take care of that.

THE PRIME MINISTER (SHRI P. V. NARASIMHA RAO): madam, I have noted down the partial information given by him on the basis of which we will try. If he gives a little more information, we will try even more easily. There are other departments in charge of the matter which he has raised. It is a very important matter because ultimately it is the Health Minister who is the victim of all this because he has to deal with the consequences of all this. So, if we could stop it on the way, if we could minimise it on the way, we would certainly like to do it. And, we would like to take more details from any hon. Member, who has details, and we will take action in the appropriate Ministry.

THE DEPUTY CHAIRMAN: So, that is the assurance to you. You please give whatever details you have and the Government will take care of it.

The Question Hour is over.

WRITTEN ANSWERS TO QUESTIONS

Study of Jawahar Rozgar Yojana

*705. SHRI JAGIR SINGH DARD:
DR. SHRIKANT RAM-CHANDRA JICHKAR:

Will the PRIME MINISTER be please to state:

(a) whether any Quick Study of JRY has been made recently after the study made by the Programme Evaluation Organisation (PEO) of the Planning Commission in 1991-92;

(b) if so, the results thereof;

(c) if not, the reasons for not making a Quick Study for the last four years; and

(d) what has been done to rectify the lapses found in the 1991-92 study?

THE MINISTER OF STATE IN THE MINISTRY OF RURAL AREAS AND EMPLOYMENT (DAPRATMENT OF RURAL DEVELOPMENT) (SHRI UTTAMBHAI PATEL): (a) to (c) After the Quick Study on the Jawahar Rozgar Yojana (JRY) conducted by the Programme Evaluation Organisation (PEO) of the Planning Commission for the period April, 1989 to September, 1991, a concurrent evaluation of the JRY covering all the districts in the country was conducted for the period January to December, 1992. The main findings of the concurrent Evaluation are at statement *(See* below).

(d) The shortcomings in the implementation of the JRY as revealed in the Quick Study as well as those revealed in the concurrent evaluation have been brought to the notice of respective State Governments for taking corrective action. The findings of these two reports have influenced a number of decisions taken by the Central Government. For instance, it was decided to strengthen the Jawahar Rozgar Yojana in areas where